

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors <input checked="" type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation *place an "x" beside the name of the Debtor you are filing a claim against		Case Number 00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-33404 United States Bankruptcy Court Southern District of Texas FILED JUL 03 2000 Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property): Kche Am/Fm	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent: *****AUTO**ALL FOR AADC 680 Kche Am/Fm 201 S 5th St PO Box 141 Cherokee IA 51012-1731 	Check box if you have never received any notices from the bankruptcy court in this case		
	Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____	
Basis for Claim: <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____		<input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
2. Date debt was incurred: <i>Feb 2000</i>		3. If court judgment, date obtained:	
4. Total Amount of Claim at Time Case Filed: \$ <i>157,46</i> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6. Unsecured Priority Claim. <input checked="" type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300),* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____). *Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.	
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <i>6/26/2000</i>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <i>KCHE AM/FM Kay O'Connor sales manager</i>		1054
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			

KCHE
AFFIDAVIT OF PERFORMANCE
Standard Broadcast Period: 1/31/00 - 2/27/00
Account #: 264

Stage Stores
Reynolds Media Services
2425 Fountainview
Suite 355
Houston, TX 77057

Product Name: one day sale

Script #: 2646A Duration: 1:00

This station certifies that the announcements below ran within 15 minutes of the times indicated. ANA/RAB Tear Sheets containing the radio copy will match to the script code above.

Date	Time	Rate	Date	Time	Rate	Date	Time	Rate
2/9/00	2:11:00 PM	12.35	2/9/00	3:03:00 PM	12.35	2/9/00	4:03:00 PM	12.35
2/9/00	5:03:00 PM	12.35	2/9/00	5:51:00 PM	12.35	2/10/00	6:38:30 AM	12.35
2/10/00	7:15:00 AM	12.35	2/10/00	8:03:00 AM	12.35	2/10/00	8:34:00 AM	12.35
2/10/00	10:19:00 AM	12.35	2/10/00	11:15:30 AM	12.35	2/10/00	11:53:00 AM	12.35
2/10/00	1:03:00 PM	12.35	2/10/00	3:03:00 PM	12.35	2/10/00	4:03:00 PM	12.35

This announcement was broadcast 15 time(s) as entered in the station's program log.

15 SPOT(S) AT A RATE OF 12.35 = 185.25

Grand Total: 185.25

All times are guaranteed to have run within 15 minutes of times indicated.
Subscribed and sworn to before me on this 7 day of March, 2000

Patricia Snow
Station Official

Notary Public
John M. O'Connor

KCHE AM - FM

201 South 5th Street

PO Box 141

Cherokee, Iowa 51012

Phone: 712-225-2511

Fax: 712-225-2513

Statement dated: 6/26/00

Standard Broadcast Period: 1/31/2000 - 2/27/2000

Account# 264

Stage Stores
Reynolds Media Services
2425 Fountainview
Suite 355
Houston, TX 77057

Balance Forward:	472.39
Order#2982 Invoice#3632 5 @ 12.35 One Day Sale [02/09/00-02/09/00]	61.75
Order#2982 Invoice#3633 10 @ 12.35 One Day Sale [02/10/00-02/10/00]	123.50
Total Spot Sales This Month:	185.25
Total Recurrent Sales This Month:	0.00
Gross Sales This Month:	185.25
Agency Commission:	27.79
Net Sales This Month:	157.46
Payments This Month:	
2/14/00 314.93 Check	314.93
Total Payments This Month:	314.93
Total Adjustments This Month:	0.00
Total Finance Charge This Month:	0.00

Current Net Balance (Pay this amount):	314.92
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Accounts Receivable Aging Schedule

Current	30 Day	60 Day	90 Day	120 Day	>120 Day	Total Due
157.46	0.00	0.00	0.00	0.00	0.00	314.92

THANKS FOR LISTENING TO KCHE IN CHEROKEE!